/ 1	STATE OF MARYLAND	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	
	County W presslet	Registration Dist. No. 955
	Village or City Darlin Ind,	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
	2. FULL NAME Thenry & ande	rson
	(a) Residence: No. [Vsual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
	5e. It married, widowed, or divorced HUSBAND of (or) WIFE of Hannie anderson	22. I HEREBY CERTIFY. That I attended deceased from
arr.	6. DATE OF BIRTH (month, day, end year) Sept. 28 - 1869 7. AGE Years Months Oays If LESS than	I last saw h alive on March 18
	7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:
3	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Tharma zur
Dack	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
O CHIO	this occupation (month and 32 spent in this / 3 occupation	Other Contributory Causes of Importance:
ran In	12. BIRTHPLACE (city or to vn) (State or countyg)	arcuma of Armanh Zhan
2	13. NAME Stevenson Undelson	
	13. NAME Stevenson Miderary 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
	15. MAIDEN NAME Hannie Johnson 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
	O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Oate of Injury, 19 Where did Injury occur?
	W. INFORMANT Mas. Loya Gibson (Address) 3 13 15 100 ml	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE,
	18. BURIAL, CREMATION, OR REMOVAL Place Bucksing ham Date Mass 10, 1932	Manner of Injury
	19. UNDERTAKER J. U.S. / Burbage (Address) / 3 11 12 12 12 12 12 12 12 12 12 12 12 12	24. Was disease or-injury in-any way related to occupation of deceesed?
	20. FILEO 3-10-, 189 Stelen I Hayward	(Signed) Broken had M. D.
II.	Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cock—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The mouth and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	e y	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-	(131)			
		Registratio	on Dist. No. 3	55
(If mos.	Nodeath occurred in a hospital or insti- ds. How long in U.S. if	tution, give its NA		Number)
	St., Ward.			
	MEDICAL		ent give city or town an	d State
-	21. DATE OF DEATH	A	IE OF DEATH	
	MIN	ひん	2/	. 193
		(Month)	(Oay)	(Year)
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n hrs.	to have occurred on the date sta The PRINCIPAL CAUSE OF DEA		- VM.	
	were as follows:	A I IA and Telated Co	iuses of importance	Date of onset
	Eschal 24	unn.	lagu	2 day
	Other Contributory Canoes of Im		rapanto.	autonin
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	Name of operation			
	What test confirmed diagnosis?			
	23. If death was due to axternal c Accident, suicide, or homicide? Whera did Injury occur? Specify whether injury occurrad	(Specify city	Date of injury or town, county and Sta	, 19
2.	Mannar of injury Nature of injury			
	24. Was disease or Injury in any	way related to occ	upation of deceased?	
_	If so, specify			
d	(Signed) / Allow (Address)		nn-	M. D.
-		A Street of the latest and the lates		

Registrar.

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- 8.—The trade, profession, or particular kind of work done.
- 9.-The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago July 5, 1927 Peritonitis Cerebral hemorrhage 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
ADDITIONAL	DI INVII	LOW	T. OTCTTITION	DIMITIME	77 1	TITIOIOIM

RECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPAproperly classified. FOR BINDING stated EXACT A PERMANE IS TH UNFADING INK-THIS CAUSE OF DEATH in plain terms, so that it may be MARGIN RESERVED AGE should be mation should be carefully supplied. WRITE PLAINLY, W. S. No. 2

STATE OF	MARYLAND-CERTIFICATE OF DEATH	03384
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Length of residence in city of town where death occurred above, s	County Worcester	Registration Dist. No. 35
Length of residence in city of town where death occurred all yrs	Village or City Sindlities	
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Other Contributor Causes of importance: 12. BIRTHPLACE (city or town) Sundante	SAW MILL, BANK, etc.	elly she had Pulmandry
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(State or country) Maryland Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE, (Address) Manner of injury 19. UNOERTAKER (Address) 18. BURIAL, PRMATION OR REMOVAL Place The Country of the Country occurred in INOUSTRY, in HOME, or in PUBLIC PLACE, Manner of injury Natura of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed)	(Clase of County)	What test confirmed diagnosis? Was there an autopsy?
(State or country) Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE, (Address) 18. BURIAL, PRMATIAN OR REMOVAL Place The Country of Injury 19. UNDERTAKER (Address) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE, Manner of injury Natura of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Recommendation of deceased? (Signed) (Signed)	15. MAIOEN NAME Ollen Harmon	23. If death was dua to external causes (VIOLENCE) fill in also the following:
(State or country) Maryland Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE, (Address) Manner of injury 19. UNOERTAKER (Address) 18. BURIAL, PRMATION OR REMOVAL Place The Country of the Country occurred in INOUSTRY, in HOME, or in PUBLIC PLACE, Manner of injury Natura of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed)	5 16 BIRTHPLACE (city at town) Single They	Accident, suicide, or homicide? Data of injury, 19
18. BURIAL, REMATION OR REMOVAL Place March 10, 19 33 19. UNOERTAKER 1933 Reform Secretary Secr		Where did injury occur?
18. BURIAL, CRMATION OR REMOVAL Place March 10, 1933 Manner of injury Natura of injury 19. UNOERTAKER 1 m. 8. 1 illianus (Address) 24. Was diseasa or injury in any way related to occupation of deceased? If so, specify (Signed) 20. FILED 31/5 1933 Reform Secret March (Signed)		
Place Properties Properties Properties Properties Place Properties		Marie Jackson
(Address) Snowfell md If so, specify Large Suith & Reg. M. O. 20, FILED 31/5 1933 RERoy Swith (Signed) LERoy Swith & Reg. M. O.	H III and The Market 15 37	
(Address) Snowfell md If so, specify Large Suith & Reg M. O. 20, FILED 31/5 1933 REROY Swith (Signed) LEROY Swith & Reg M. O.	10 HNOCOTAKED If m S. It illiams	24. Was diseasa or injury in any way related to occupation of deceased?
20. FILED 7/3 1933 El Ou Steller		
20. FILED - 1950 Registrar. (Address) Sunds Hill, Mide	315 33 R.P. 9.	(Signed) L'Eloy Swith & Reg M. O.
	20. FILED Registrar.	(Address) Sundo Kill, Mid.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. ..Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 yéar * -	

M	RECORD. Every item of infor-	PHYSICIANS should state	Exact statement of OCCUPA-	
v.s. no. 1() MARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, TH UNFADING INK-THIS IS A PERMANEN RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.

			OF	MAR	YLAND-	CERTIFICATE OF DEATH 03385			
	I. PLACE OF	DEATH							
	-	Worcest				Registration Dist. No. 350			
	Village or Cit	y Pocomok	e C:	ity.R.		ND. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)			
	Length of resid	ence in city or lown w	here deat	h occurred		desds. How long in U.S. if of foreign birth?yrsmosds.			
:	2. FULL NAN	ie Abram	Brei	mby:					
	(a) Residence	e: No		(Usual place	.(.1.1.)	St., Ward.			
parties of the last	PERSONA	L AND STAT	ISTIC			If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)					RIED, WIDOWED, D (write the word)	21. DATE OF DEATH March 19 1933.			
Male Colored Do not know			no not	know	(Month) (Day) (Year)				
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of						22. I HEREBY CERTIFY, That I attended deceased from			
6	DATE OF RIRTH (m	nonth, day, and year))0 n	ot kno	187	llast saw him moon March 19 133 death is said			
	AGE Yaars		1	Days	If LESS than	to have occurred on the date stated above, atm.			
8	about 80				1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
z	8. Trade, profess	8. Trade, profession, or particular				Found dead in an outhouse or			
T10			<u> </u>	aborer	Farm	shack.no signs of foul play death probably caused by old age			
JPA	9. Industry or be	isiness in which ione, as SILK MILL, , BANK, etc							
OCCUPATION	10. Date deceased			11. Total ti	me (yaars)	exposure or mal nutrition.			
_	yaar)			ocen 2 bar	ntin this pation	no physician in attendence			
8	Suppose of BIRTHPLACE (city	or town)SO	uth.	Caroli	na.	Dther Coutributory Causes of Importance: as acting cororner I viewed the			
	(State or count	ry)				body and deemed an inquest not			
EB	13. NAME	DO 1	ot !	know		Nessisary			
FATHER	14. BIRTHPLACE (Name of operation Data of			
-	(Stata or c		11:	11		What test confirmed diagnosis? Was there an autopsy? 22.			
HE	15. MAIDEN NAM		41	R		23. If death was due to external causes (VIOLENCE) fill in also the following:			
MOTHER	16. BIRTHPLACE	city or town)	- 11			Accidant, suicide, or homicide?, 19, 19, 19, 19, 19			
(State or country) 17. INFDRMANT George Tull (Address) Pocomoke City.R.F.D. 18. BURIAL, CREMATION, OR REMDVAL Halls Hill Cemetary Worcester Co.Md, Date March 20, 1933						Where did injury occur? (Specify city or town, county and State)			
						Specify whether injury occurred in INOUSTRY, in HDME, or in PUBLIC PLACE.			
19	19. UNDERTAKER Ballard Brothers					24. Was disease or injury In any way ralated to occupation of deceased?			
-	(Address)	Comoke	Cit	y. Md.	12.1	If so, specify (Signed yorker T Relety: Peace acting M.D.			
20.	FILED Male	20,19.03	poh	20//	Registrar.	(Signed) Peace acting M.D. (Address) Peace acting M.D. (Address) Peace acting M.D. (Address) Peace acting M.D.			
-		7.0	1.		11 0 5				

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, Examp	ole I		Example II		
The principal cause of death at of importance were as follows:	nd related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	120 3 713	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	()	July 5,1927	Peritonitis	3 days ago	
37	FELU V.				
Other contributory causes of in	nportance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				, , ,	
				1 .	

If more blanks are heeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

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Example I		Example II	
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		ß	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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infor- state UPA-	STATE OF MARYLAND-	-CERTIFICATE OF DEATH
should s	1. PLACE OF DEATH County W official	
sho of O	Village or City Snow Hill	Registration Dist. No. 30 /
CORD. Every PHYSICIANS ct statement	2. FULL NAME 2. FULL NAME 2. FULL NAME	(If death occurred in a hospital or institution, give its NAME instead of street and number) os. ds How long in U.S. if of foreign birth?
RECORD. PHYSI Sxact stat	(a) Residence: No. (Usual place of abode)	St.,Ward.
ECC PF act	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
~ × ×	3. SEX 4. COLOR OR RACE Source of Divorced (write he word) 5a. I married, widowed, of divorced	21. DATE OF DEATH (Month) (Day) (Yar)
BINDING FERMANE. EXACTI y classified te.	HUSBAND of Cory WIFE of Cennice Dale	22. 31 HEREBY CERTIFY, That I attended deceased fro
BI PEI E	6. DATE OF BIRTH (month, day, and year)	Hast saw here alive on 3-13
FOR B IS A PE stated E properly certificate	Cebout 70 Months Days If LESS than 1 day,	
- 70	8. Trade, profession, or particular kind of work done, as SPINNER. Raborer SAWYER, BOOKKEEPER, etc.	wera as follows: Dete of once
RESERVED G INK—THIS GE should be that it may be us on back of	9. Industry or business in which	Chebral Hemmhagy 31/33
RESE NG INI AGE sh that it ons on	SAW MILL, BANK, etc 10: Date deceased last worked at this occupation (mont) and year) 11. Total time (years) spant in this occupation (30%)	
Z ~ ~ .9	12. BIRTHPLACE (city or town) accomac (State or country)	Other Contributory Causes of importance:
The part of	II 13. NAME Continue	for my cardition
I - 00	14. BIRTHPLACE (city or town). Dear the Control (State or country)	Name of operation Date of What test confirmed diagnosis? Unical Was there an affine the
	15. MAIDEN NAME Civey bale	the an autopsyl
INLY,	15. MAIDEN NAME Civey bale 16. BIRTHPLACE (city or town) Fort Know (State or country)	23. If death was due to axternal causes (VIOLENCE) fill in also tha following: Accidant, suicida, or homicide?
PEAR DE DE Very im	17. INFORMANT Many Milerill (Address)	Where did injury occur?
E 00 - 00	18. BURIAL, CREMATION, OR REMOVAL Place Baptist Cell Date Meh 16, 1933	Manner of Injury
Mation CAUSE TION is	19. UNDERTAKER AM S. Milliaurs (Address) Small Cleans	24. Was disease or injury in any way related to occupation of deceased?
N. S. N.	20. FILED Mch. 14, 1933 LERoy Swith. Registrar.	(Signed) House (Signed) (Signe
	If more blanks are needed, address State Registrar,	(Address) (Action of the Constitution of the C

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronie interstitial neg	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	Apr 4 3933	July 5,1927	Peritonitis	3 days ago	
	PEDERI V.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
		1			

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	-
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infor- state UPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	
ould occ	County Wargesler,	Registration Dist. No. 357
item of should of OCC	Village or City Gridletree mit	No
	Length of residence in city or town where death occurredyrs	f death occurred in a hospital or institution, give its NAME instead of street and number)
ver (AN nen	2. FULL NAME Robert Leven Cotenline	s. How long in U.S. if of foreign birth?yrsmosds.
ECORD, Every PHYSICIANS	The state of the s	
St st	(a) Residence: ND. (Usual place of abode)	St., Ward.
RECC Fract	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
NG	54. If married, widowed, or divorced	(Month) (Day) (Year)
BINDING ERMANEY EXACT y classified,	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That attended deceased from
G X S X	1 100	1922, to Meh 87, 1933
PE PE IL	6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Month Days If LESS than	Mast saw h. dua alive on Wolf 30 , 1903; death is said
FOR B IS A PE stated E properly certificate	Monthly Days If LESS than 1 day,	The PMNCfPAL CAUSE OF DEATH and related causes of importance
	8. Trada, profession, or particular	were as follows: Date of one at
HIS Pe pe pe of of	SAWYER BOOKKEEPER at	the against Durch
K-T tould may back	9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc	effecule marquellum kick 30
INK- INK- Sho t it n	SAW MILL, BANK, etc	
	this occupation (month and year)	
	11/1/04	Other Contributory Causes of importance:
ADE d. s, so ructi	12. BfRTHPLACE (city or town) Suddilles (State or country)	
NF. NF.	13. NAME Polit Esterline	
M. H. U. sup in te	14. BIRTHPLACE (city or town) Baltings 1	Name of the state
T'TH Ily Sain	1 (State of Edutity) Mangland	Name of operation Date of What test confirmed diagnosis? Was there an authors?
tant.	15. MAIDEN NAME Siene V Dawy	23. If death was due to external causes (VIOL ENCE) fill in also the following:
N S H T	16. BIRTHPLACE (city or town) Suidlityee	Accident, suicide, or homicide? Date of Injury, 19
N. De ca	(State or country) manyland	Where did injury occur?
should OF DE	17. INFORMANT AND SANK	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Sho Sho Sho is v	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place malling Algbate Cypil 2 , 1953	Nature of injury
WRITE mation s CAUSE TION is	19. UNDERTAKER Hearnes Hames	24. Was disease or Injury In any way related to occupation of deceasad?
N. B.	20. FILED. 4/1 , 19.3 3 & & Roy Swith	If so, specify (Signed) (Signed) MD
	Registrar.	(Address) Dun Hill & Mid
	If more blanks dre needed, address State Registrar, 2,	411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(F)
County Coccerte	Registration Dist. No. 347
Village or City Herdletrees	
(II	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residenca in city or town whare death occurredyrs,mos	ds. How long in U.S. if of foreign blrth?yrsmosds.
2. FULL NAME / Jaby Cewell	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIO OWED, OR DIVORCED (write the word)	21. DATE OF DEATH
	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(1001)
(or) WIFE of	22. I HEREBY CERTIFY. That I attended decaased from
S DATE OF DIDTH (mostly down and many)	19 40 3.
6. DATE OF BIRTH (month, day, and year) 7 - 2 7 - 7 3 7. AGE Yaars Mooths Days If LESS than	I last saw halive on, 19, death is said
of of o Atillian I day,hrs.	to have occurred on the date stated abova, at The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trada, profession, or particular	wera as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	P. D. J.
	0- 600
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	- Secure
10. Oata deceased last worked at this occupation (month and spant in this	
year)occupation	01 C 1 C 1
12. BIRTHPLACE (city or town)	Other Contributary Cause of Importance:
(State or country)	before seen to
13. NAME Heldan End	ade
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	
15. MAIDEN NAME Lizze Catle	23. If death was due to extarnal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Oata of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Wield Company	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Addrass) Since the all	PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Crots/100 Date Man 24 1933	Nature of injury
9. UNDERTAKER & M. Jackson	24. Was disease or Injury in any way related to occupation of deceased?
(Address) 2 rake has and	If so, specify
3/24 33 8 ER S. T.	(Signed)
10. FILEO 7 27, 19 2 2 2 2 2 Perilla Registrar.	(Address)
	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUNDAU V.S.	3			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH (122)	0.0
1. PLACE OF DEATH	90
County Worces lea - Registration Dist. No. 35.	5
2 . 0	Ward
(If death occurred in a hospital or institution, give its NAME instead of street and num	
Length of residence In city or town where death occurredyrsmos	ds.
2. FULL NAME Coward & Cevenson Fulbush Er.	
(a) Residence: No. St., Ward. (Usual place of abode) If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	c
3. SEX 4. COLOR QR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH	
male white OR DIVORCED (write the ward) manch (e 19	3.3
5a. If married, widowed, or divorced (Month)	(Year)
HUSBAND of Charlette & Lunbush. 22. I HEREBY CERTIFY, That I attended dece	
6. DATE OF BIRTH (month, day, and year) \ \ \(\text{uly} \ \ \ 9 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	ath Is said
7.5 The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or particular	te of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Petured Merchant SAW MILL, BANK, etc. 10. Date second in the processed last worked at the pr	you
9. Industry or business in which work was done, as SILK MILL. 8 + 1 May al age, Sugard was of fure	
SAW MILL, BANK, etc. Settred Merchant and duration of first	
Spent III this 27 . A.	
year) Occupation Dther Contributory Canses of Importance:	
12. BIRTHPLACE (city or town) . (State or country)	
Name of operation Date of Stete or country)	
What test confirmed diagnosis? Was there an autor	sy?
3. If death was due to external causes (VIOLENCE) fill in also the following:	
O 16. BIRTHPLACE (city or town) Date of Injury Date	, 19
(Specify city or town, county and State)	
17. INFORMANT (100. Curs. Victor as Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Manner of Injury	
Placetvergan Cen. Date Mar 8, 1933 Nature of injury	
19. UNDERTAKER W . Burbace 24. Was disease or Injury In any way related to occupation of deceased?	
(Address) Berlin, not If so, specify	
20. FILED 3-8- 1933 Stelen F. Hayward (Signed) Justin 10) Line	M. D.
Registrar. (Address) Laufin Mil	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	-		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			HERE INTO

lallstones		May 1,1923	Gastroenteritis	1 year
	ADDITIONAL	SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN	N

1. PLACE OF DEATH	ARTLAND—	CERTIFICATE OF DEATH	3391
County Susses		Registration Dist. No. 35.	3
	200000		
Village or City	(IF	NoSt, death occurred in a hospital or institution, give its NAME instead of street an	d number)
Langth of residence in city or town where death occurre	ednrsnres	How long in U.S. if of foreign birth?yrs	mosd
2. FULL NAME TWO man	re Sh	(1) Borr Dray	,
(a) Residence: No.	7	St., Ward.	
(Usua	Iplace of abode)	If nonresident give city or town a	
PERSONAL AND STATISTICAL PA		MEDICAL CERTIFICATE OF DEATH	
male white or my	E, MARRIED, WIDOWED, VORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	1	22. HEREBY CERTIFY, Thet I attende	ed deceased fro
6. DATE OF BIRTH (month, day, and year) did M	ot breathe	1 lest saw point discord 52 3-18,193	3; death is sa
7. AGE Years Months Da		to have occurred on the date steted above, at	
	1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and releted causas of importence wera as follows:	Date of ons
rade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	_	Mit John	
#. Industry or business In which			
work was done, as SILK MILL, SAW MILL, BANK, etc.			
	Total tima (yeers) spent in this		
yaar)	occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	0	a for	
(State or country) Mary a	na	- J	
13. NAME Color of town)	ay		
14. BIRTHPLACE (city or town)	~ \A	Name of operation Dete of	
(State of country)	and	Whet test confirmed diegnosis? Wes there e	n autopsy?
15. MAIDEN NAME DUSLY	Savel	23. If death was due to axternel causes (VIOL ENCE) fill in elso the follow	1.7
15. MAIDEN NAME Disty 1. 16. BIRTHPLACE (city or town).	J. O	Accident, suicide, or homicide? Dete of injury	, 19
(Steta or country)	e b and	Where did injury occur?(Specify city or town, county and S	itate)
17. INFORMANT Addition (Address)	nd	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL	10	Menner of injury	
Placa) Sisting MM Deta Y	nar.18.,1933	Nature of injury	
19. UNDERTAKER m. Pasha wa (Address)	tom.	24. Wes disease or injury in any way releted to occupation of deceased? If so, specify	
20. FILED Mch/9, 193\$ Jan	nesd Kyan	(Signed) Selby self	<u>Р</u> м
The mark blanks are n	seeded address State Resistrar	ners N Charles Street Relimore Requesting 71	>

CTATE OF MADVIAND

CEDTICICATE OF DEATH

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E	xample I		Example II	
The principal cause of dea of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	ADD 4 1020	1921	Run over by street car	1 week ago
Cerebral hemorrhage	***************************************	July 5,1927	Peritonitis	3 days ago
	BURDAU V			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Arteriosclerosis 100	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebrol hemorrhoge PITERATI V S	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gollstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1	STATE OF MARYLAND-	-CERTIFICATE OF DEATH 03393
:	1. PLACE OF DEATH	(27.)
	County Warrester	Registration Dist. No. 312
	Village or City VIIII Sach Ind	No. St., Ward
		death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?
	2. FULL NAME Parl Hoses	
1		CA Word
	(a) Residence: No. (Usual piace of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
0	SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a.	. If married, widowed, or divorced HUSBAND of (or) WIFE of Emmer Hammand	22. I HEREBY CERTIFY, That i attended deceased from
		, 19, to, 19, 19
	DATE OF BIRTH (month, day, and year) AGE Years Months Days If LESS than	I last saw h; deeth is said to have occurred on the date stated abova, at 10. A_m.
	about of 1 lday,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
7	8. Trada, profession, or particular kind of work done, as SPINNER, Larrance	wera as follows:
0	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	prival Mennestis
OCCUPATION	9. Industry or businass in which work was don, as SILK MILL, SAW MILL, SAW MILL,	Circhrol
220	10. Data deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation in the spent in this occupation in the spent in this occupation is the spent in this occupation in the spent in this occupation is the spent in this occupation in the spent in this occupation is the spent in this occupation in the spent in this occupation is the spent in this occupation in the spent in this occupation is the spent in this occupation in the spent in this occupation is the spent in this occupation in the spent in this occupation is the spent in this occupation in the spent in this occupation is the spent in th	Sparodic) Syntoms those of tatamer
	Januar I Inch	Other Contributory Causes of importance: Diagnosis changed to telanus
12	BIRTHPLACE (city or town) (State or country)	from Cutting of was
HER	13. NAME and Kummand	carn an foot
FATH	14. BIRTHPLACE (city or town) Memory Ind	
FA	(Stata or country)	Nama of operation Date of What test confirmed diagnosis? Was there an autopsy?
ER	15. MAIDEN NAME Emma Hammand	23. If death was dua to axtarnal causes (VIOLENCE) fill in also the following:
E	16. BIRTHPLACE (city or town) Herworks Ind	Accident, suicida, or homicida? Data of injury, 19
20	(State or country)	Whera did injury occur?
17.	(Address) newers, my	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Date Mor 91 ,193	Natura of injury
19.	UNDERTAKER Chas By Progrado	24. Was diseasa or Injury in any way related to occupation of deceased?
-	(Addrass) Show to the	If so, specify
20.	FILED May 1/1933 IV Mumper 16, 16, 18 Registrar.	(Signed) Bushin M. D. (Address) Bushin M. D.
	If more blanks are needed, address Slate Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Peritonitis Cerebral hemorrhage Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

1

BINDIN

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 Julyō,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July5,1927 Peritonitis Other contributory causes of importance:

	4 1
Members of the for further spreading of the formal and the formal	0
Members of her family the a Doclor	who
saw her 14 to 5) weeks ago soe she.	had.
Pulmodary Tuberoulosis.	
V	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Wartester	Registration Dist. No. 35 2
Village or City Decan City Md.	No. St. Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsds.
W 1 00 11 21	t cas
2. FULL NAME / Chidall lo Has	lugs
(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or fown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH 23, 1933 (Month) (Day) (Year)
6. DATE OF BRTP (month, day, and year) 7. AGE Years Months Days If LESS than	I HEREBY CERTIFY. That I attended deceased from I last saw have alive on March 25; death is said to have occurred on the date stated above, at 9.07.m.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
Industry or business in which work was done, as SILK MILL, Watel Gusnul 10. Date deceased last worked at this occupation (month and 12.2) 11. Total time (years) spent in this spent in this	The state of the s
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance
13. NAME Rechard Haptings 14. BIRTHPLACE (city or town) Md,	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (Ideline Gollier) 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17 INFORMANT Mis. Kendall & Hasting 27. (Address) Decan city mid	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL Bulgie Place Living runs ma Date Man. 26, 1933	Manner of injury
19. UNDERTAKER J-W Burbage (Address) Burlin I And	24. Was disease or injury in any way related to occupation of deceased?
20. FILED S/25, 19 S. S. Muniford Registrar.	(Signed) Parties M. D. (Address) Adjac Elly M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example I	epiter self-	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	WED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	1033	July 5,1927	Peritonitis	3 days ago
Other contributory	causes of importance;		Other contributory causes of importance:	
Gallstones	Andrew desperation of the control of	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN				
	_			
	-			

MARGIN RESERVED FOR BINDING,

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	3300
1. PLACE OF DEATH		(23)	5000
County Worces to	X 7	Registration Dist. No. 3	55
Village or City Whales	prelle m	No. St., f death occurred in a horpital or institution, give its NAME instead of street and n	War
Length of residence in city or town where death or		sds. How long in U. S. if of foreign birth?yrsmo	
2. FULL NAME allert	· Narman	<u> </u>	
(a) Residence: No.	A	St.,Ward.	
PERSONAL AND STATISTICAL	Usual place of abode)	If nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH	itate
3. SEX 4. COLOR OR RACE 5. SII	NGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	~
male cal of	O AMALO	Morch FF.	193
5a. If married, widowed, or divorced HUSBAND of			(Year)
(or) WIFE of make	Jarman	22. I HEREBY CERTIFY, That I oftended of	
6. DATE OF BIRTH (month, day, and year)	10 1906	last saw h im alive on march 20 1035	death le ca
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 6:00P m.	, ucatii 15 38
26	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER BDOKKEEPER etc.		Subtreulvais	Date of onse
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	borer		
O this occupation (month and	11. Total time (years) spent in this		
year)	occupation	Dther Contributary Causes of importance:	
12. BIRTHPLACE (city or town)	MINO		
	2000		
E	United .	Name of operation Date of	<i>V</i>
14. BIRTHPLACE (city or town) (State or country)	d	What test confirmed diagnosis? Ausculation was there an au	toney?
15. MAIDEN NAME georgie	Jarman	23. If death was due to external causes (VIOLENCE) fill in also the following:	opsyr
0 16. BIRTHPLACE (city or town)	- A	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	ma	Where did injury occur? (Specify city or town, county and State	
17. INFORMANT UDULLY (Address)	Whaley	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR, REMOVAL	R - N8 00	Manner of injury	
Place Date	71 -1	Nature of injury	
19. UNDERTAKER MIT Gaban II	ratson	24. Was disease or Injury in any way related to occupation of deceased?	200
(Address) (Stilly ma	Re Wile.	If so, specify O & A Oland	a
20. FILED 3 - 23 - , 1933 Helen	J- January	(Signed) (Address) Berlin N	M. I
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

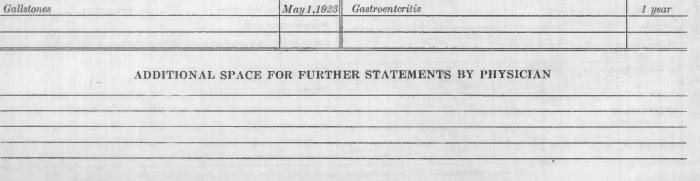
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:



RECORD. Every item of infor-TH UNFADING INK-THIS IS A PERMANEN MARGIN RESERVED FOR BINDING

1	. PLACE OF				-			92-a)			350
	CountyW								Registrati	on Dist. No.	•
	Village or Cit	ty Poco	moke.	City,	R.F.	D. # 2.	No.	in a hospital or inst	titution give it. NA	ME instead of street	War
	Length of reside	ence in city o	r town where	death occurre	ed					yrs.	
2	. FULL NAM	IE Ben	jamin	J.Ki	ng						
	(a) Residence						St.,	Ward.			
-	PERSONA	AL AND	STATIS		I place of			MEDICAL	The second second	ent give city or town	
3. S	sex Male	4. COLOR O	R RACE	5. SINGLE, OR DIV	, MARRIE	D. WIDO WED.	21. DATE	OF DEATH	March	17th.	, 1933 •
	If married, widowe HUSBAND of (or) WIFE of H	attie	King				22. Man	el 6 ch	19-2-2, to	(Day) That 1 atten	ded deceased from 19 3
	AGE Years		Months	Day	18	If LESS than	_1		ated above, a4.	15A.m.	, 00011111000
	58					1 day,hrs. ormin.	The PRINCIP	PAL CAUSE OF DE	ATH and related o	auses of Importance	Date of ons
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc			(years)	Opr	mi.	Goods	randete	, de		
1	this occupation (month and spent in this occupation 12. BIRTHPLACE (city or town) Somerset County (State or country) Waryland						Citier Castril	butory Causes of In	nportance:		Jan
HE	13. NAME RO		King								1 193
FATHER	14. BIRTHPLACE ((State or c		Somer	setCo vland	ount	y				Date of	
ER	15. MAIDEN NAM	E Sar	ah Lo								
MOTH	16. BIRTHPLACE ((State or c			set C	ount	y	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?		, 19		
17.	Hattie King (Address) Pocomoke City, Maryland (As Burial CREMATION, OR REMOVAL Saint James Cemetary Place Norcester Code (Place Norc					(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		State) PLACE.			
18. S						oth 183.	Manner of Inj				
	UNDERTAKER LO	ruo	City	Mary	land	son	24. Was diseas	71	way related to oc	cupation of deceased?	
20.	FILED Med	20, 19	3.3	home	TR	Registrar.	(Signed)	Address)	Wan	onen	2 M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
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- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonilis	3 days ago
BUKEAG W.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) statement Length of residence in city or town where death occurred How long in U.S. If of foraign birth? ______ yrs. _____ mos. ____ ds. 2. FULL NAME RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. SINGLE MARRIED, WIDOWED. 21. DATE OF DEATH (Month) 5a. If marriad, widowed, or divorcad BINDIN HUSBAND of 22. HEREBY CERTIFY. That I ettended daceasad from certificate. 6. DATE OF BIRTH (month day, and year) 7. AGE Months Days If LYSS then to have occurred on the date stated above, at 1 dey, hrs. The PRINCIPAL CAUSE OF DEATH and related causas of Importance or....min. Data of onset 8. Trade, profassion, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. MARGIN RESERVED Jo may back 9. Industry or business In which pluods work was dona, es SILK MILL, SAW MILL, BANK, atc uo 10. Date decaased last worked at 11. Total time (years) this occupation (month end, spent in this instructions 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME (14. BIRTHPLACE (city or town) (Stata or country) What test confirmed diagnosis? MOTHER important. 15. MAIDEN NAME 23. If death was due to axtarnal causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Accident, suicide, or homicide? DEATH Data of Injury..... (State or country Whare did injury occur?_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE OF (Address) Manner of injury CAUSE mation LION Natura of injury. 19. UNDERTAKER 24. Was disaase or injury in any way related to occupation of decaasad? (Address) If so, specify (Signad) Registrar.

If more blanks are seeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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 9.—The industry or business in which the work was done.
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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory gayage of inspertance	
		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	N. B.—WRITE PLAINLY, TH UNFADING INK—THIS IS A PERMANE! RECORD. Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
BINDING	PERMANEI EXACTIC IJ classified.	
FOR	Stated proper certifica	
MARGIN RESERVED FOR BINDING,	d. AGE should be s, so that it may be ructions on back of	
MARG	TH UNF.	
V. S. No. 1	N. B.—WRITE PLAINLY, TH UNFADING INK—THIS IS A PER mation should be earefully supplied. AGE should be stated E CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificate.	

		DEATH	100000			(2-0)	2
	-	rcest		~ · · ·	WITHIS O	Registration Dist. No.	
Villa	age or Ci	ty Poco	moke (City		No. St., f death occurred in a horpital or institution, give its NAME instead of street and numbe	Ware
Leng	gth of resid	ence In city	or town where	deeth occurred		ds. How long in U. S. if of foreign birth?yrsmos	
2. FUI	I NA	AE WOO	hand	A. Long			
			The second second	- AND FROM PARTY.		St. Ward.	
(4)	Residenc	G. 140		(Usual place	of abode)	If nonresident give city or town and State	
PE	RSON	AL AND	STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
. SEX	ale	4. COLOR (RRIED, WIDOWED. D (write the word)	21. DATE OF DEATH Pocomoke City, March 30th., 193	Z Yeer)
a. If marrie	ed, widowe	d, or divorce	d				
	IEE of	Sadie	Dyke	s Long		22. HEREBY CERTIFY, Thet I attended decee	
D. T. O.					3000	1 lest saw h	_
. AGE	Year		Months	ay 27th.	1867	to have occurred on the date stated ebove, at 9. 45A m.	in is se
	65		10	3	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance	
8. Tre	de. profes	sion, or perti	cular	1	ormin.		a of ons
1	kind of w SAWYER,	sion, or pertion ork done, as BOOKKEEPEI	SPINNER, R. etc.	Farmer		Cerebral variable	2/5
9. Ind	ustry or b	usiness in w done, as SIL , BANK, etc.	hich K M II I				1.52
				1			
1 10 10	this occup year)	d lest worker ation (month	and 193	32 II. lotal i	time (years) nt in this upation		
			omere	et Count	37	Other Contributary Causes of importance:	
	te or coun		Maryl		· V	o Chimosolmons Se	
13. NA	ME S		A. Lone				1
13. NAI 14. BIR	THPI ACE	city or town	Some	rset Con	ntv	Name of operation.	- eja
	(State or			vland		What test confirmed diegnosis? Was there en eutops	v7
15. MA	IDEN NAM	IE Y	ary A	King		23. If deeth was due to external ceuses (VIOLENCE) fill in also the following:	,
15. MAI	THPLACE	(city or town	Some	erset Co	unty	Accident, sulcide, or homicide? Dete of injury	19
:	(Stete or			Marylar	ıd	Where did injury occur?	
7. INFORM	ANT W	alter	Long			(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
		ogomo	ke Ci	ty, Maryl	and		
res b	CREMATI	ON, OR REM	emeta:	rv	il lste 33	Manner of injury	
Plac	1000	moke-	City,i	Dete_A_D_T	LL. LS.119.33	Nature of injury	
		comok	e City	Maryla	eson	24. Was disease anjuly in any way related to occupation of deceased?	
					-		

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRA	-		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	Example I		Example II	
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Chronic interstitial nep	hritis	1931	Run over by street car	1 week ago
Cerebral hemorrhage	BURBAU V.S.	July 5,1927	Peritonitis	3 days ago
Other contributory of	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				•

03

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7

1PLACE OF DEATH	STATE OF MARYLAND
County Novcester	CERTIFICATE OF DEATH
$\rho_{i} = \rho_{i}$	Registration Dist. No. 354
illage or City Stocktow (No.	St.: Ward) (If death occurred in a hospital or Institu-
2 FULL NAME Samuel Mas	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male lestored (Write the word) SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Widowed OR DIVORCED (Write the word)	16 DATE OF DEATH Mch 23 , 193.3 (Month) (Day) (Year)
DATE OF BIRTH (Month) (Day) (Year)	that I last saw h analive on Man 23 , 1983,
about 86 yrs. mos. ds. or min.?	and that death occurred on the date stated above, at 2, 4,m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Duration) yrs lines de.
which employed or (employer) BIRTHPLACE (State or country) Manyland	Contributory Secondary (Duration) yrs
10 NAME OF FATHER HOLLING MILE 11 BIRTHPLACE	(Signed) Ja Dicklishard M. D. May 25 1923 (Address) Strakton Ma
OF FATHER (State or country) Mary formal 12 MAIDEN NAME (1)	*State the lis ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Mary Morrow	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Mary Land	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?

If more b.anks are needed, addre. Late Negistrar, 16 W. Saratoga St., Balton stequesting V. S. No. 1.

Former or usuai residence

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business; that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Screatt, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, Compositor, Architect, or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. Foreman, For many occupations a single word or term on or At Home, and children, yrs). Farm laborer, For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed Laborer-Coal minc, etc. Wom-Locomotive engineer, not gainfully em-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. Example: Measles (disease "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. use of "Tumor" for malignant neoplasms); approved by as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause diseases resulting from childbirth or miscarriage atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menletanus) may be stated under the head of "contributory." American Medical Association.) Recommendations on statement of cause of death peritonaeum, etc., Carcinoma, Sarcona, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, cough; for which surgical operation was under-Committee on Chronic The nature of the injury, etc. affection need not be valvular heart disease; Nomenclature The contributory Measles ; as

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S

state 1. PLACE OF DEATH pluods County Registration Dist. 1 Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence In city or town where death occurred statement How long in U.S. if of foreign birth?_____vrs.____mos.___ 2. FULL NAME ECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH 2 OR DIVORCED (write the word) BINDING (Month) 5e. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That Lattended deceased from (or) WIFE of 五 certificate. 6. DATE OF BIRTH (month, dey, and year) 7. AGE Months Days If LESS than I day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. 8. Trade, profession, or particular PATION kind of work done, es SPINNER, RESERVED SAWYER, BDDKKEEPER, etc.___ back may 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. OCCUP On 10. Date deceased last worked at 11. Total time (years) this occupation (month end spent in this year) _____ instructions occupation_ Other Contributory Causes of importance: MARGIN 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or town) plain Name of operation (State or country) carefully What test confirmed diagnosis? ----- Wes there an autopsy?. MOTHER nportant. 15. MAIDEN NAME E 23. If death was due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?____ Date of Injury___ 16. BIRTHPLACE (city or town). (Stete or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. pluods 17. INFORMANT (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury . . CAUSE mation LION Neture of Injury _ 19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased? (Address) If so, specify Registrar. SINGLE STREET

If mod blanks are needed address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH 63402

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03403
1. PLACE OF DEATH	
County Worces leir.	Registration Dist. No. 012
Village or City West Ocean City.	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Magnie Mc Cabe.	
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles one Cabe.	22. RIHEREBY CERTIFY That I attended deceased from to though 10 33
6. DATE OF BIRTH (month, day, and year) 3 cl. 4, 18 61 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4.307 m.
71 J 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	The state of the s
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and on this potential or month and on the same to this second to the same to this occupation (month and on the same to	
10. Date deceased last worked at this occupation (month and 30 yrs spent in this occupation (month and 30 yrs)	
12. BIRTHPLACE (city or town)	Other Contributory Chases of Importance:
13. NAME Lit Brettingham	
14. BIRTHPLACE (city or town)	Name of operation
E 15. MAIDEN NAME Bessee Turney.	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Md. (State or country)	Accident, suicide, or homicide?
17. INFORMANT John Britting law, (Address) Bullin Ind.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place St. Pauls. Date Mas. 12, 19 3 3	Manner of Injury
19. UNDERTAKER J. W. Berbage (Address) Berlin md	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 3 -12-, 1932 J.S.M. Clenford Registrar.	(Signed) The M. D. (Address) Report
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore/Requesting U. S. No. 1,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes Date of ons of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RECEIVED			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
ATTENAU V. P.			

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(IL/(IID	CERTIFICATE OF DEATH
county Worcester		Registration Dist. No. 34/
Village or City Gundletree		NO. St., War f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U. S. if of foreign birth?
2. FULL NAME Baly W. (a) Residence: No.	ee of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PART		MEDICAL GERTIFICATE OF DEATH
female colored OR DIVORC	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH Max. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	2 1133	1 HEREBY CERTIFY. That I attended decaased from 1933, to 1933 10
7. AGE Years Months Days	if LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at 8m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
12. BIRTHPLACE (city or town) Quidleliu	time (years) ant in this cupation	burth: Go Lays winds wife molformation of intestine, causing intestinal obstruction, from Other Cantributory Causes of importance: birth, custo.
(State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country)	es, Md.	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Cleanatra Sta 16. BIRTHPLACE (city or town) Gyboletra (State or country)	e, Md.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?, 19, Where did Injury occur?,
17. INFORMANT Char Wills (Address) 18. BURIAL, CREMATION, OR REMOVAL Char & Place Orlskung Chu, Date Ma	indletrae,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury
19. UNDERTAKER Jehn Jacker Maddiess) gardellier M 20. FILED 3/16, 1933 Lehon But	uith.	Nature of injury 24. Was disease or Injury In any way related to occupation of deceased? If so, specify (Signed) (Address)

V. S. No. 1

PHYSICIANS should state

stated EXACTE properly classified.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

MARGIN RESERVED FOR BINDING PH UNFADING INK—THIS IS A PERMANEN

RECORD. Every Item of infor-

of OCCUPA-

Exact statement

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH 03405
1. PLACE OF DEATH	8
County // orceation	Registration Dist. No. 354
Village or Citylean Kledy Crans	AL.
Length of residence in city or town where death occurred vis	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Still Buth	Mi 00
(a) Residence; No.	
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowad, or divorced HUSBAND of	(1001)
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) McHII-33	I last saw h elive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or continue	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Stell born
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	7
10. Data deceased last worked at	remains
this occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	
13. NAME Willer Walles	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was thera an autopsy?
15. MAIDEN NAME Chrie Phills -	23. If death was dua to external causes (VIOLENCE) fill in also the following:
2 16. BIRTHPLACE (city or town) Workflund (State or country)	Accident, suicide, or homicide? Date of Injury, 19
C. V. Man	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) (Address) (Address)	Specify whether injury occurred in INDUSTRY, in HOME, er in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
flate Ungan Met Date 11911 Des	Nature of injury
19. UNDERTAKED CERNELLY BENNEDY	24. Was disease or injury in any way related to occupation of deceased?
(Address) Swepting mod-	If so, specify
20. FILEN EHI 33 Harry Planker	(Signed) Harry half the
Registrar.	(Address) Aller Md
If more blanks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EUREAU WA			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03406
1. PLACE OF DEATH	(3)
County W A Constant of the County W A County W A Constant of the County W A County W	Registration Dist. No. 353
Village or City Bishops Md.	ND. St, Ward (death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. it of foreign birth?yrs
2. FULL NAME annie m. marri	9
(a) Residence: Np.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married	21. DATE OF DEATH Mor 25 - 1933 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joshua a morris	22. I HEREBY CERTIFY. That I attended deceased from
Que 21-187/	last saw bear elive on Mor 23~ 1933 death is said
6. DATE OF BIRTH (month, day, and year) 9 20 26 7 8 7 6 7 8 7 6 7 8 7 8 8 9 8 9 8 9 8 9 8 9 8 9 8 9 8 9	to have occurred on the date stated above, atm.
57 28 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade profession or particular	were as ronows: Date of onset
kind of work done, as SPINNER, House wife	Pyro nethrosis
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	egro regrotores
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and year) year) occupation	
1 1007	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Chr. Paranch nethritis
13. NAME Pemberton Hickman	
13. NAME Genterton Ackman 14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME & Ollie U. Burting 16. BIRTHPLACE (city or town)	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, sulside, or homicide?, 19, 19
State or country)	Where did Injury occur? (Specify city or town, county and Stata)
17. INFORMANT Shope Marie	Specify whether injory occurred in INDÚSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piace Date Music J. 193	Nature of injury
19. UNDERTAKER M: Pasha walson (Address)	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED Mch 2 5, 19 James Hym Registrar.	(Signed) Lag V. Jaw M. D. (Address) Burlin M. J.
	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NUNGAU V.S.			
Other contributory causes of importance: Gallstones	May 1,1928	Other contributory causes of importance: Gastroenteritis	1 year
		4	

V. S. No. 1

of OCCUPA-

STATE OF MAR	YLAND—	CERTIFICATE OF DEATH	03477
County Worcester		Registration Dist, No.	350
Village or City Posomoke City		AND AND STREET OF THE STREET	
Amage of City TOCOMORE OT 03	(If	NOSt death occurred in a hospital or institution, give its NAME instead of street	and number)
Length of residence In city or town where deeth occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrs	mosds.
2. FULL NAME Mahalia J. Niblet	<u>t</u>		
(a) Residence: No.WalnutStreet		St., Ward.	10.
PERSONAL AND STATISTICAL PARTI		If nonresident give city or town MEDICAL CERTIFICATE OF DEAT	
	RIED, WIDOWED,	21. DATE OF DEATH Pocomoke CityMarch 28th.	. 193 🗷
5a. If married, widowed, or divorced	4	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of Joseph Niblett			nded deceased from
		doceanter, 1926 10 14	19-
6. DATE OF BIRTH (month, day, and year) Exact date 7. AGE Years Months Days	If LESS than	to have occurred on the date stated above, a 2.45 P. em.	death is seid
70	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance	
8. Trade, profession, or particular	l ormin.	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	ife	Bysenley;	3/27/3
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		Proper mayelines	12/2/8/2
SAW MILL, BANK, etc	me (years)	arterioseleroses	Biens
apon	t In this petion		
12. BIRTHPLACE (city or town) Orcester Coun	tv	Other Contributory Causes of Importance:	-/,
(State or country) Maryland		moluena	2/16/2
13. NAME Samuel Blades			
14. BIRTHPLACE (city or town) Worcester Con	unty	Name of operation Date	of
(State of country) Mary Lanu		What test confirmed diegnosis? Was there	an autopsy?
15. MAIDEN NAME Sallie Wagner 16. BIRTHPLACE (city or town) Worcester Court		23. If death was due to external ceuses (VIOLENCE) fill in also the foll	owing:
16. BIRTHPLACE (city or town) Worcester Courses (State or country) Maryland	nty	Accident, suicide, or homicide? Date of Injury	, 19
		Where did injury occur? (Specify city or town, county and	d State)
17. INFORMANT William Blades (AddressPocomoke City, Warylan	n d	Specify whether Injury occurred in INDUSTRY, In HDME, or in PUBLI	C PLACE.
18 BURIAL CREMATION OF REMOVAL	.10	Manner of injury	
Place ocomoke City Managate Mar	31st,1933	Nature of injury.	21
19. UNDERTAKER MINUTED STEEL S	ASTA	24. Was disease or Injury in any way related to occupation of deceased if so, specify	17. 16
20. FILED Meh 3/1, 19 33 John 7/	Registrar.	(Signed) AUBINATION (Address)	tymas
If more blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

CEDTICIOATE OF DEATH

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
SAL SALES			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

occu	
of	
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU TION is very important. See instructions on back of certificate.	3.
Exact	3.
classified.	5e.
properly ertificate.	15. MOTHER FATHER 110N 12. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
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npor	X
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or ve	187
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TIO	19.
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 03408
1. PLACE OF DEATH	9.5
County Couclable	Registration Dist. No. 35/
Village of City Whitesburg	No.
Length of residence in city or town where deeth opening 12 yrs. mos	f death occurred in a horpite or institution, give its NAME instead of street and number)
2. FULL NAME Lary Colony	sds. How long In U.S. if of foreign birth?mosds.
(a) Residence: Now should make	m + 1 -
(Upual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Only the wordy	21. DATE OF DEATH 3 27 192 3
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	(Month) (Day) (Year) 22. 1 HEREBY CERTIFY That attended deceased from
(10/6	22. Le V. 1 HEREBY CERTIFY That attended decessed from
6. DATE OF BIRTH (month, day, and year) 2 - 11 - 1919	Hast saw haralive on Mcd. 16, 1933 death is said
7. AGE Years Months Days If LESS than 1 dey,	to have occurred on the date stated ebove, 10 m.
8 Trade profession or subject to	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this eccupation from the securation from the security is secured to the security from	Chaliffent Bartonil
9. Industry or business In which work was done, es SILK MILL	0 1 173
SAW MILL, BANK, etc	Traveaums 110/02
10. Date deceased last worked et this occupation (month and year)	
12. BIRTHPLACE (city of gan Jack timbre	Other Contributory Causes of importance:
(State or country)	(Kenky hiphital haly
13. NAME (P. M. 1) VIL	Hilmman & dland Il 16/18
13. NAME (M.) VILLE 14. BIRTHPLACE (city or town)	Name of operation
(State of county)	What test confirmed diagnosis?
15. MAIDEN (NAME PROPERTY OF TOWN) A SELECTION OF THE PROPERTY	23. If death was due to external causes (VIDL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
Realist -	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Show Stuff md	Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18 BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Date Mar 30 1933	Nature of injury
19. UNDERTAKER PRINTER STATE OF THE METERS O	24. Was disease or injury in any way rataled to occupation of deceased?
20, FILED 3/27 1933 RECON SWITH	If so, specify
Registrar.	(Address)
15 more blanks are needed, address State Registrar, 2	411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I	į.	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH

	Registration Dist. No. 35/
J	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
nos	ds. How long in U.S. il ol loreign birth?yrsmosds.
4	
/	St. Ward.
- 1	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
	Wer 14 193 3
	(Month) (Day) (Year)
	22. I HEREBY CERTIFY, That I attended deceased Irom
	Die 29, 1932, 10 Die 29, 1932
	Hast saw har alive on Alice 39 1973; death is seid
Т	to have occurred on the date stated above, at 3/1/m.
rs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
-	were as Iollows:
	Vuluouare Vulerauloses 1931
	munouary valuetas 1731
	Other Coatributory Causes of importance:
	Name of operation
	What test confirmed diagnosis? Was there an autopsy? We
	23. II death was due to extarnal causes (VIOLENCE) fill in also tha Iollowing:
	Accident, suicide, or homicide? Date of injury, 19
	Where did injury occur?
	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
	, , , , , , , , , , , , , , , , , , , ,
	Mannar of injury
3	
	24. Was disease or injury in any way related to occupation of deceased?
_	II so, specify
	(Signed) M. D.
	(Address) August July 1 Mgl.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II

The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cause of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		KROEIAED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. S. No. 1	ARGIN RESERV	MARGIN RESERVED FOR BINDING
V. B.—WRITE PLAINLY, TH UNFADING INK—THIS IS A PERMANEN	UNFADING INK-T	HIS IS A PERMANE
mation should be carefully supplied. AGE should be stated EXACTE	upplied. AGE should	be stated EXACTL
CAUSE OF DEATH in plain terms, so that it may be properly classified.	terms, so that it may	be properly classified.
TION is very important. See instructions on back of certificate.	instructions on back	of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH (13410)
1. PLACE OF DEATH	(K)
County Worceslic.	Registration Dist. No. 35-2
Village or City Berlin.	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Minnie M. Potes	7 1
(a) Residence: No. Washington St	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) The word of the word)	21. DATE OF DEATH (Month) (Day) , 193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Olfred Oltre.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, def) end year) Queg. 14, 1883.	I last saw h alive on, f9; death Is said
7. AGE Years Months Days If LESS then	to have occurred en the date stated above, at 57.50 m.
50 6 27 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end.	
10. Date deceased last worked at this occupation (month end 10 9 / spent in this occupation)	
12. BIRTHPLACE (city or town) Maryland	Other Contributory Causes of importance:
(State or country) 13. NAME are S Williams	
# 13. NAME ares & Williams	
14. BIRTHHUACE (city or town) Manyland. (State or country)	Neme of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Wargaret and Davidson	What test confirmed diagnosis?
15. MAIDEN NAME Wargares Cun Davidson 16. BIRTHPLACE (city or town) Maryland (State or country)	Accident, suicide, or homicide? Date of injury 3-11-, 1933 Where did injury occur?
5. INFORMANT Mr. alfred Peleis &c.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
(Address) Surlu ond. 18. BURIAL, CREMATION, OR REMOVAL	Se the Paris
Place Evergreew. Date Mar. 14,1933	Nature of injury Built Through hed
19. UNDERTAKER J. W. Burbage (Address) Derling mid	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED. Morly, 1933 L.V. Manuford	(Signed) Chao: It favor M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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- 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.
- 11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	the date of the state of the st	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AED A 1983			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE F	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH 03411

1. PLACE OF DEATH		107-30	
County Worces	ler.	Registratio	on Dist. No. 352
Village or City Gur	lise	NoNo f death occurred in a hospital or institution, give its NA	St.
Length of residence in city or town w		sds. How long in U.S. if of foreign birth?_	
2. FULL NAME all	ert & Quille		
(a) Residence: No.	0	St., Ward.	
(a) hesidence. No.	(Usual place of abode)		ent give city or town and State
PERSONAL AND STAT	ISTICAL PARTICULARS	MEDICAL CERTIFICAT	TE OF DEATH
3. SEX 4. COLOR OR RACE whit	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	3 ,193
5a If married widowed or diversed		(Month)	(Day) (Yea
HUSBANO of Course (dullen.	MARCH 1833 W	FY, That I attended deceased
6. DATE OF BIRTH (month, day, and year)	1857	Hast saw has alive on ha and	, 1932 ; death I
7. AGE Years Month		to have occurred on the date stated above, at	200 m
76 -	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ca	uses of importance
8 Trade profession or particular	ormin.	were as follows:	Date of
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc		CALLA OF LIA	10
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	0+.16.		To be the second
SAW MILL, BANK, etc	Tellred Farmer		h
10. Date deceased last worked at this occupation (month and 9 2	11. Total time (yeers) spent in this occupation		
7	m l	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)		image nummon	A C
13. NAME James o)00		
10:1141112	m (
14. BIRTHPLACE (city or town)	orca.		Oate of
		What test confirmed diagnosis?	
I 10. MAIDER HAME	mal.	23. If death was due to external causes (VIOLENCE)	•
15. MAIOEN NAME unknown. 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?	_ Date of injury, 19_
Son Pio	. 0	Where did injury occur? (Specify city	or town, county and State)
(Address) Ph	Ladelphia Pa.	Specify whether injury occurred in INOUSTRY, In	HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	100	Manner of Injury	
Place Toujlorvelle Cem	, Miloate Mar. 5, 1933	Nature of injury	
19. UNOERTAKER J. W. B.	urbage	24. Was disease or injury In any way related to occ	upation of deceased?
20. FILED Mars, 1933	W. Wanhod	(Signed)	m
	Took Registrar.	(Address)	in Mid
	1		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

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Example I		Example H	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03413
1. PLACE OF DEATH	W. 2000
county Hanceste	Registration Dist. No.
Village or City Gacasseth leg	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residanca in city or town where dash occurredyrsmos	ds. How long In U.S. if of foreign birth? yrsmos ds.
2. FULL NAME A charlfuld	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DLYORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of	22. ZHEREBY CERTIFY That I attended dacaasad from
(or) WIFE of	4- 1933 to 3/5- 1933
6. DATE OF BIRTH (month, day, and year) 700. 25 1932	I last saw h alive on 3/ H 1933; death is sald
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 12-30 m.
3 / 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada profession or particular	Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Anuma 3m.
kind of work done, as SPINNER, SAWYER, BODKKEEPER, atc. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data decaased last workad at this occupation (month and	
yaar) occupation	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town)	2 2
(State or country)	pay
13. NAME / cuy many B claryfuld	
14. BIRTHPLACE (city of town) November 19	Name of operation
(Stata of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Renning Merries 16. BIRTHPLACE (city or town). However, State or country)	23. If death was due to extarnal causes (VIDLENCE) fill in-also the following:
6 16. BIRTHPLACE (city or town) . Morcesses 29	Accidant, suicida, or homicida?Date of Injury, 19
E (State or country)	Where did injury occur?
17. INFORMANT / Carfordard & Charles (Addrass)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Marketta Ga. Data Mark G. 19	Natura of injury
19. UNDERTAKER Father (Addrass) Pocomote City R. K. H 2	24. Was diseasa or injury in any way ralated to occupation of dacaasad?
20. FILED Mach 6, 19 33 John T Registrar.	(Signad) M. D. (Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage PIPPATI V S	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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to authority to	leave dale	of Alath	de tresta	certifical
/			()	0

BINDING

RESERVED

MARGIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

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BURNAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FU	RTHER STATEM	ENTS BY	PHYSICIAN
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mation should be cal N. B.-WRITE PLAINLY

STATE OF MARYLAND—CERTIFICATE OF DEATH 03415

County	OF DEATH Worcester			Registrat	tion Dist. No.	50
	CityPocomoke ((1	No. death occurred in a hospital or institution, give its No. ds. How long in U.S. if of foreign birth:	St., AME instead of street and	
2. FULL N	AME Julia A	Spencer	,			
	ence: No.	(Usual place		St., Ward.	dent give city or town an	d State
PERSC	NAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICA		
3. SEX Female	4. color or RACE Colored		RRIEO, WIOOWEO,	21. DATE OF DEATH March (Month)	28 .	, 193 3 •
5a. If married, wid HUSBANO of (or) WIFE of	owed, or divorced Harry Spence	er		22. I HEREBY CERT		
6 DATE OF RIPT	H (month, day, and yeer)	not kr	OW	t test saw halive on		
7. AGE	rears Months	Oays	If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated above, at	3. P.m	
8. Trade, pro	ofession, or particular f work done, as SPINNER, H	nicewi fe		Probably Tuberculos	is	Date of onset
Mork v	ER, BOOKKEEPER, etc	Jub 6 "110		Dr Sartorius attend		out
year)	10. Date decesed last worked at this occupation (month end spent in this year) occupation		no cororners inquest			
12. BIRTHPLACE (city or town) Worcester County (State or country) Maryland.		Dther Contributory Causes of importance:				
13. NAME	George Jones					
I 14. BIRTHPLA	CE (city or town) Mary	Stockto	on	Name of operation		no
15. MAIOEN	NAME Gaddy Line					
15. MAIOEN NAME Gaddy Linsday 16. BIRTHPLACE (city or town) Stockton (State or country) Maryland			23. If deeth was due to externat causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?	, 19		
17. INFORMANT(Address)	Mora Johnson Marion Sta.	Somerse	t Co. Md	Specify whether injury occurred in INDUSTRY, In	ty or town, county and Sta n HOME, or in PUBLIC PL	ite) LACE.
orcenter		Oate Marc	h 30.33.	Manner of injury		
19. UNDERTAKER Charles A. Purnell (Address) Snow Hill Maryland.			24. Wes disease or Injury in any way related to or			
20. FILEO Moh	1.28.,1933.	ton /	Registrar.	(Signed) POCOMOKE	7 Registr	ar M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	KESEVER	1915	Attack of epilepsy	1 week ago
Chronic interstilial ne		1921	Run over by street car ·	1 week ago
Cerebral hemorrhage	- ARK 3 1833	July 5,1927	Peritonitis	3 days ago
	BURLAU V. B.			
Other contributory	causes of importance		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				7 1

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (13417)
1. PLACE OF DEATH	(82-0)
County Worcester	Registration Dist. No. 353
Village or City Bishops & FD	Np. St. Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds,
2. FULL NAME annie M. Tingle	J1313.
(a) Residence: Np. Bishots R. F.D.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
george V. Single	march 15, 1933, to Joseph 1 & 19 3 3
6. DATE OF BIRTH (month, day, and year) Lec 1-1857	i lest sew har elive on march 8, 1932; deeth is said
7. AGE Yeers Months Days If LESS then 1 dey,hrs.	to have occurred on the date steted above, et
3 /8 or min.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
8. Trade, profession, or perticular / kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Clellina Historikage
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked at this occupation (month and	
1D. Dete deceased last worked at this occupation (month and year) 433 cocupation (cocupation)	
12. BIRTHPLACE (city or town) 2. M. T. (State or country)	Other Contributory Causes of importance:
13. NAME Hursey Hamblin 14. BIRTHPLACE (city or town)	Neme of operation Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME	23. If death was due to external ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) fare barrfell (State or country)	Accident, suicide, or homicide?, Dete of injury, 19
17. INFORMANT There's a bamfull (Address) Bishol & Met	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Odfellows cem Date March 21, 1933	Neture of injury
19. UNDERTAKER P. W. Watson & Som	24. Was diseese or injury in any way releted to occupation of deceesed?
(Address) Selvy Della (1)	if so, specify
20. FILED Registrar.	(Signed) M. D. (Address) Pellswelle
If more blanks are needed address State Peristran	N Chala Sana Balina B

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Example I		Example II	
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Cercbral hemorrhage	July 5,1927	Peritonitis 1	3 days ago
		N-SAMBO'S SI	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state RECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TH UNFADING INK-THIS IS A PERMANE TION is very important. See instructions on back of certificate. MARGIN RESERVED -WRITE PLAINLY,

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Wareister	Registration Dist. No. 3 12
	No. St., Walf death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	s,ds. How long in U.S. if of foreign birth?yrs,mosd
2. FULL NAME Eunice M. Ju	ingle
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 26 ,193 3
a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
(, ,,,,,,,	, 19, to, 19, 19
DATE OF BIRTH (month, day, and year) UM. 17 1931	I last saw h; death Is sa
AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
/ / / / ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	CA TOTAL TOT
SAWYER, BOOKKEEPER, etc	110 Postor in
work was done, as SILK MILL, SAW MILL, BANK, etc	attendance
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and year) occupation	
med	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town)	11 + 0 + 1
13. NAME ZVALAGE Mais la	lasis, firm full
Jointy July	Mad stafe routing
14. BIRTHPLACE (city or town)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
January John Miles	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide?
21 . 7 . 0	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT Acity Acidy Sugar	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Gelle Bhapel Date Mul. 28,193	Nature of injury
9. UNDERTAKER J. W. Bertage (Address) Bullin 19nd	24. Was disease or Injury in any way related to occupation of deceased?
O. FILEO. Thanks 1963 IV Mynified Registrar.	(Signed) What for the first (Address) Bealing Mel

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Year)

Date of onset

23. If death was due to extarnal causas (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury______ 19 (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disease or injury in any way related to occupation of deceasad? (Address) - 1 Fig. 1 Com. 100

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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BURLAU V. S.	3		
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Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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certificate.

TION is very important.

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STATE OF MARYLAND-CERTIFICATE OF DEATH

6.	0 7	A	6)	1	
0	0	4	4	ſ.	1

1. PLACE C	F DEATH			(106-0)
	Worcester			Registration Dist. No.
	City Pocomoke		(li	NoSt.,
2. FILL NA	ME Samulla	Eliane	Waters	
(a) Reside				St., Ward.
		(Usual place		If nonresident give city or town and State
	NAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
Female	Colored	or Divorci	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH March (Month) (Day) (Yes
5a. If marriad, wido HUSBAND of	wed, or divorced			
(or) WIFE of				22. I HEREBY CERTIFY, That I attanded daceased
		aamb an	33.1932.	, 19, to, 19.
	(month, day, and yaar) De	Days	If LESS than	I last saw h aliva on, 19; death I to have occurred on the date stated abova, at m
	2	21	1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of Importance
_ 8. Trade, profe	ession, or particular	1 27	ormin.	wara as follows: Probably heavy cold with
kind of	work done, as SPINNER, R, BOOKKEEPER, etc.			complications.
A Industry or	businass in which as done, as SILK MILL, ILL, BANK, atc			no physician in attendence
S SAW MI				(all information I could get)
- 1 1113 000	sed last worked at upation (month and	spa	time (years) entin this	No Inquest, no indication of any f
yaar)		OCS	upation	Other Contributory Couses of importanca: play
	city or town) Pocomo		R.F.D.#	2
(State or con		yland.		
13. NAME	Elwood Wat			
14. BIRTHPLAC		ester C	ounty	Name of operation Date of
(State o	AME Blanch I.	land		What test confirmed diagnosis? Was there an autopsy?_
I			0	23. If daath was due to external causes (VIOLENCE) fill in also the following:
		cester	County	Accidant, suicida, or homicida?
1 (3tate 0		ryland		Where did Injury occur? (Specify city or town, county and State)
	lwood Water		11 6	Specify whether Injury occurred in INDÚSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMA	Pocomoke Cit	nity Cer	metary	
Workeste	er County. Mc	DatMch.	17. ,133	Mannar of Injury
19. UNDERTAKER	William Wat	ers		24. Was disease or injury in any way related to occupation of dacaased?
(Address) F	ocomoke Cit	y.R.F.D	Md.	If so, specify
	/	hm T 1	Peley Registrar.	(Signed) Registrar Registrar Addrass) Pocomoke City. Md.
			Acgistrar.	" (unness) - T-AM-AM-AM-AM-AM-AM-AM-AM-AM-AM-AM-AM-AM-

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BUREAU T.W.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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1. PLACE OF	F DEATH			(106-60)
County	Worcester			Registration Dist, Np.
Village Dr C	ity Pocomok		(If	
4	ME Raymond			
	ce: No.	(Usual place		St., Ward. If nonresident give city or town and State
PERSON	AL AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX Male	4. COLOR OR RACE	5. SINGLE, MAR OR DIVORCE SINGLE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH March (Month) (Jay) (Year)
5a. If marriad, widow HUSBAND of (or) WIFE of	ed, or divorced			22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (7. AGE Year	month, day, and year) M rs Months 11	arch 30. Days 27	1932. If LESS than I day,hrs. ormin.	I last saw h
kind of w SAWYER, industry or work was SAW MILI	sion, or particular ork dona, as SPINNER, BDOKKEPER, etc. business in which done, as SILK MILL, L, BANK, etc. pation (month and	sper	me (years) it in this ipation	Probably Cold and complications Other Centributery Causes of importance:
12. BIRTHPLACE (cit (State or coun		ster Cou	inty	No Cororners inquest No physician in attendance
エー	illie J. Wis		mntv	Nama of operation . Data of
(State or		vland	our vol	What test confirmed diagnosis?
∑ (Stata or	(city or town) Worc	yland		23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATI	Pocomoke Ci ion, or REMDVAL War r Co. Md.	dtown Co	emeterv	Manner of injury
	Willie Stur ocomoke Cit		# 3	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signad) forth of Ruley Regulary (Address) Possen dise and M. D.

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7 V.	3.		-1
Other contributory causes of importance:	and the second	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
ı			

V. S. No. 1	MARGIN	RESERVE	D FOR	MARGIN RESERVED FOR BINDING	
N. B.—WRITE PLAINLY, TH UNFADING INK—THIS IS A PERMANE.	TH UNFADIN	VG INK-TH	A SI SI	PERMANE	RECO
mation should be carefully supplied. AGE should be stated EXACTLY. PH	lly supplied.	AGE should	be stated	EXACTL	Y. PH
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact	plain terms, se	that it may	be proper	ly classified.	Exact
TION is very important. See instructions on back of certificate.	. See instructi	ons on back	of certific	ate.	

	E OF MARY	LAND-	CERTIFICATE	OF DEAT	TH ();	34.22
1. PLACE OF DEATH	ter-				2,	
County // O	7-60			Registration Di	ist. No.	4
Village or City Cu	cacer		NoNo	intian circuit NAME	St.,	Ward
Length of residence in city or lown	where death occurred	_yrsmos				
2. FULL NAME	all br	rel.	Striplit			
(a) Parido No.			St. Ward.			
	(Usual place of			If nonresident gi	ve city or town and	State
PERSONAL AND STA	TISTICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH			
he sarra 4. COLOR OR RA	S. SINGLE, MARRI OR-DIVERCED	ED, WIDOWED,	21. DATE OF DEATH	Mck	15	1083
5a, If married, widowed, or divorced	- Constant			(Month)	(Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of				YCERTIFY		
6. DATE OF BIRTH (month, day, end year	Mak Is	-1922	I last saw h alive on	, 19, to		
	nths Days	If LESS then	to have occurred on the date sta			; death is self
		1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEA			
Z 8. Trade, profession, or particular			Were as follows.			Date of onset
8. Trade, profession, or particular kind of work done, es SPINN SAWYER, BDOKKEEPER, etc 9. Industry or business in which work was done, es SILK MILL SAW MILL, BANK, etc Date deceased last worked at this occupation (month and	EK,	····	stell	bull		
9. Industry or business in which work was done, es SILK MILL SAW MILL, BANK, etc	,					
Date deceased last worked at this occupation (month end spant in this						-
this occupation (month end year)	spanti occupa	n this				-
12 DIDTUDI ACE /silv. oz towa)	1		Other Contributary Causes of im	portance:		
12. BIRTHPLACE (city or town) (State or country)	Nd.	0				
E 13. NAME Mana	m Hrs	KK-				
13. NAME CENSO 14. BIRTHPLACE (city or town)			Name of operation			
(State or country)	Md.		Name of operation What test confirmed diagnosis?			
15. MAIDEN NAME	na Han	mon	23. If death was due to external ca			
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	201		Accident, suicide, or homicide?			
(State or country)	-Mas		Where did injury occur?			
17. INFDRMANT (Address)	AlClas	To de	Specify whether injury occurred	(Specify city or town in INDUSTRY, in HOME	wn, county and Stat E, or in PUBLIC PL	e) ACE.
18. BURIAL GREMATION, OR REMOVAL	De la	1	Manner of injury			· · · · · · · · · · · · · · · · · · ·
Pyloreman Combate Max 15 83			Manner of injury Nature of injury			
19. UNDERTAKER PLYPE	lathen	rep	24. Was disease or injury in any		on of deceased?	no
2D. FILE OF CALLS	Harry TATA	and -	If so, specify (Signed)	NA PO	arely	AL SU
, 17, 17, 17, 17, 17, 17, 17	//	Registrar.	(Address)	Wichte	2 m	d
	f more blanks are needed, addi	ress State Registrar,	2411 N. Charles Street, Baltimore, R	Requesting U. S. No. 1.		-

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Cerebral hemorrhage	July 5, 1927	Peritonilis	3 days ago	
	3 .			
Other contributory causes of importance:	l.a.	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
The same of the same of terminal parties		7		